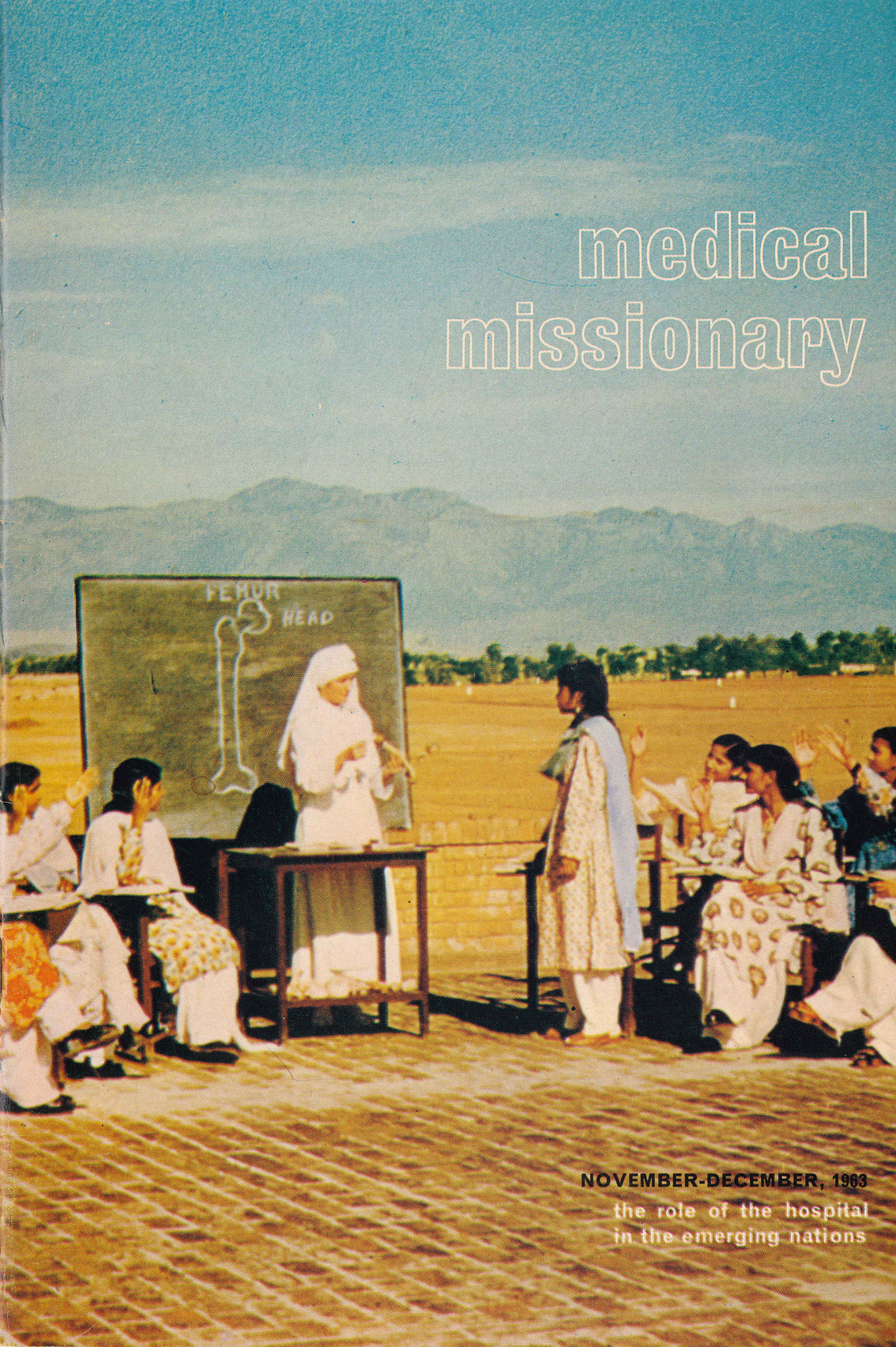
medical missionary



NOVEMBER-DECEMBER, 1963

the role of the hospital in the emerging nations

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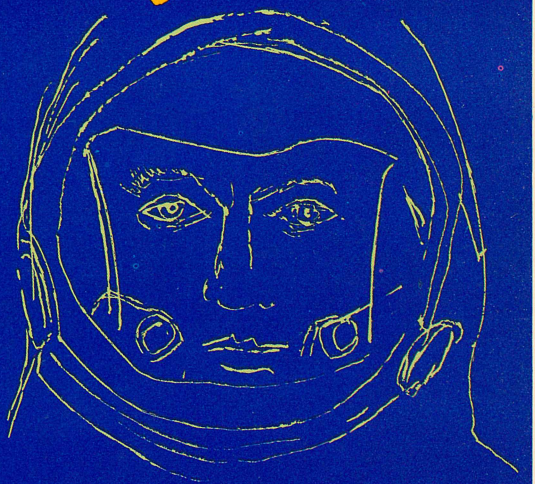

Every Christian has a truly creative mission in the society of his time. He has to begin anew, under new conditions, the great task of helping to redeem mankind by love. This does not mean simply applying formulas that were good in the thirteenth century, though these are not necessarily out of place either. But he must discover new solutions for problems that are entirely new in our age. The discovery is not the work of science only, but above all the work of love. **Thomas Merton**

Madden

THE medical missionary

Published by MEDICAL MISSION SISTERS • PHILADELPHIA 11, PA.

VOLUME 37 NUMBER 6
NOVEMBER-DECEMBER 1963

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Cover Photo: Anatomy class for student nurses, on Holy Family Hospital roof, Rawalpindi, Pakistan.

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EDITOR: Sr. M. Angelica; Business: Sr. M. Kevin; Art: Sr. M. Lawrence, Frank X. Smith.

THE MEDICAL MISSIONARY IS PUBLISHED BI-MONTHLY WITH ECCLESIASTICAL APPROBATION BY THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES, INC. SUBSCRIPTION: 1 YR. $2.00; 2 YRS. $3.00. 2ND CLASS POSTAGE PAID AT PHILA., PA.

Pakistan is a new country, politically speaking. While the United States dates back to the American Revolution in 1776, Pakistan starts counting its birthdays only since August 15, 1947.

The name "Pakistan" was coined from the Persian *pak* (pure) and *stan* (place), and means "Land of the Pure", referring to the country's ideal of following the Islamic faith in its pristine purity.

Islam is a community-centered religion, a way of life wherein the Muslim people worship the one true God, as handed down to them by Mohammed, the prophet. While they recognize Christ as a lesser prophet, they do not believe He is God. When Pakistan separated from India in 1947, they wrote into their constitution: "The entire Universe belongs to God Almighty, and the Authority which He has delegated to the State of Pakistan is a sacred trust."

The seventh largest country on earth Pakistan is the most important of all the Muslim nations. Geographically it comprises two distinct areas separated from one another by a thousand miles of India. Numbering some ninety-five million people, 80% are Muslim, the remainder Hindus, Christians, Parsees and others. More than one half of its total population lives in East Pakistan —one of the most densely populated regions of the world, and use the Bengali language. The remainder live in West Pakistan, a much less densely populated region where the Urdu language is used.

Although East Pakistanis and West Pakistanis differ radically both culturally and physically from a racial point of view, yet when Pakistan began its existence as a nation it accepted the challenge of uniting these two wings whose only bond was their unique tradition of religious faith in Islam. For years, cynics have predicted that the job of keeping the two separate wings together was an impossible task, yet each year something more is added to unite them more closely.

In 1959, President Ayub Khan moved the capital city from the overcrowded port city of Karachi to the outskirts of Rawalpindi, West Pakistan, in the far north where a new capital is presently being built called, "Islamabad". And recently, he declared Dacca, East Pakistan, as the principal seat of the National Assembly for a second capital city, since the new constitution provides for the National Assembly to meet six months in each Wing. Incidentally, this was another step towards unification of the two Wings. The noted Architect, Louis I. Kahn, professor of Architecture at the University of Pennsylvania, was hired by the Pakistan

PAKISTAN FORGES AHEAD

President Mohammad Khan inaugurating Bab-e-Khyber (Gateway to Khyber) at the entrance of the historic Khyber Pass at Jamurud in West Pakistan.

Government to design the new regional capital in Dacca.

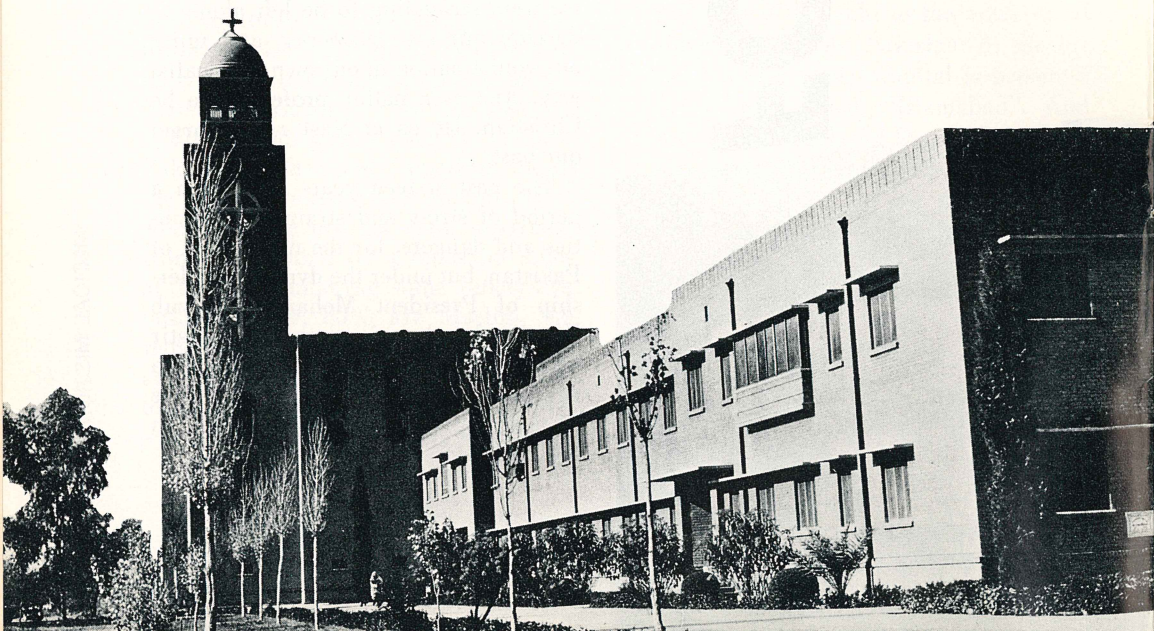
Professor Alan F. Westin writing in the *New York Times* last year, had this to say:

"In a tart comment expressing the view of many western statesmen, one European diplomat lashed out at a 'new nation' of the international community for acting as though it were 'superior to the rest of mankind'. Its leaders, he said, regard their country 'as the only establishment on earth founded upon a grand and solid basis' and the only country 'embellished by wisdom'.". . .

Actually, the "new" nation Professor Westin had been describing was the United States of America during its first half-century of independence, when we were struggling to be left alone, to develop our own economy, and unify our young nation in our own nationalist way. And as a nation professing to be Christian, let us at least never forget our past. . . .

The past sixteen years have been a period of stress and strain, of difficulties and dangers, for the new nation of Pakistan, but under the dynamic leadership of President Mohammad Ayub Khan, today there is a new feeling astir among its people—a new confidence, a new sense of purpose, giving assurance of a strong and prosperous nation in the future.

I am



THE MEDICAL MISSION SISTERS' PIONEER HOSPITAL

Holy Family by name. Nestled in the foothills of the

by Sister M. Pierre

Himalayan Mountains, my doors opened for the first time to the sick and diseased of India on a cold winter morning in February. The year was 1928.

I came as a stranger among these people, settled in their midst and won my way into their lives and hearts. It was not an easy task in the beginning, for they had never before seen a Catholic hospital in action. They had little contact with medicine from the West and could not understand Sisters in the garb of service.

In those days Muslims, Hindus, Sikhs, and a handful of Christians were my neighbors. To them I had to show my reason for coming, prove my skills, my claim to be a modern "Good Samaritan". Not by words could my message reach them. Actions alone had to speak the "good news" that for me, as a Christian, each one of them was my brother; that for me, there could be no barriers of color, race, class or creed; that my know-how, my healing powers, belonged by right to any among them in need.

And there were many in need . . . malaria, typhoid fever, cholera, smallpox, rose and fell in waves of epidemics that left homes depleted and hearts emptied; tuberculosis riddled the countryside; surgical problems either resolved themselves or more often than not, hurried their victims on to another world; young mothers and infants died in alarming numbers.

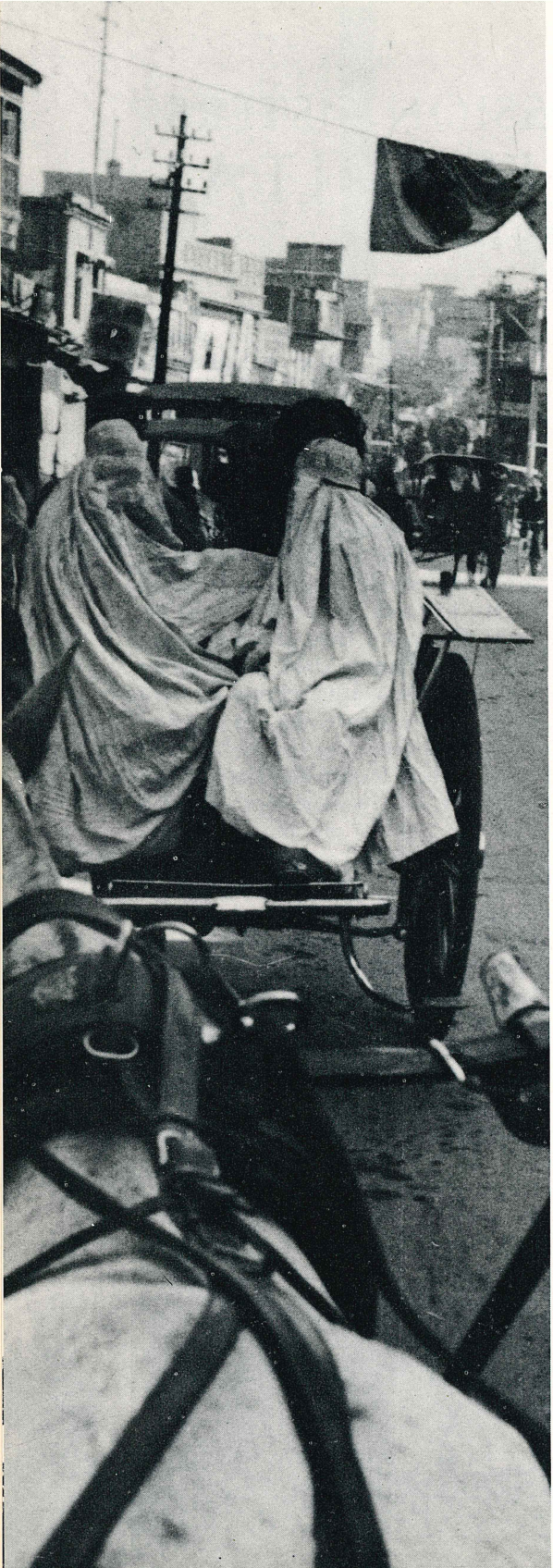
As I saw it then—and still see it now—my role was one of enlightened service, a sacred commission entrusted to me by hundreds down through the ages who had shaped me to my present dimensions. *In justice,* I had to be equipped with knowledge, skill, scientific techniques and aids. *Charity* couched my actions, opened my doors, warmed my brick walls. With each patient who came I made an unwritten contract which to break was to destroy life itself.

Today I stop and take stock, trace a record through 35 years of days and nights, life and death the tools of my trade. Perhaps I have grown old very quickly—before my time, as the saying goes—but I could not choose my own pace. History, people, the ebb and flow of life, Providence, together and individually, molded, formed and matured me.

History . . . yes, history played a dramatic role in my life. The community into which I settled that morning in 1928 was a quiet, remote, predominately rustic one, in spite of the fact that Rawalpindi claimed to be the most important military outpost of north India. The famous Khyber Pass, that age-old link through which the hordes from the north, Alexander and others, battled for the subcontinent, was only 130 miles away.

Muslims, Hindus, Sikhs all came. For the exacting regulations of the Hindus, I had to be ever mindful of the caste system and understand that only certain classes of people could be expected to perform certain types of work. I had to provide a separate kitchen to cook their food and observe complex dietary restrictions. The future of a newborn Hindu baby is in the stars at

Holy Family Hospital, Rawalpindi, West Pakistan today.



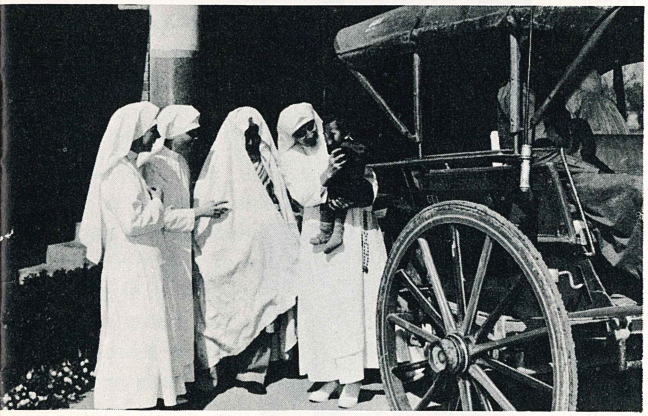
the time they are born. This demanded that I record precisely the hour and minute of birth for important decisions in later life. On a warm evening when the breeze came from the direction of the River Leh, I could smell the ghats where they were burning their dead. Each of these things—caste, food, birth, death—bore social and religious implications strange to me, but sacred to these people. For that reason I respected them.

Among the Muslims, it was the women in particular who sought me out since religious laws kept them from medical care at the hands of male doctors. In their sheet-like coverall garment, the burkha, they came, most often with a baby straddling their hips, seeking "dawai" (medicine) in the out-patient department. Not allowed to show their faces to strange men, within my walls they could talk freely to the Sister at the reception window, be examined by a Sister doctor, treated by a Sister nurse and given medicine by a Sister pharmacist. This "purdah" arrangement made it a "woman's world" for them with no violation to their strict laws of seclusion.

For fifteen years I plied my healing powers, sinking my roots deeper and deeper into the land and people. Word spread that this hospital, contrary to the common notion of the word, was not a place where one went to die but rather a haven of hope where one turned to find life. The numbers seeking admission grew. They came with their burning fevers, severe anemias, racking coughs, intestinal parasites. They came to have diseased organs cut away and damaged limbs repaired. Infants came, emaciated and moribund, brought with a confidence that seemed to win the near miracles needed to cure them.

Scene in Rawalpindi bazaar.
Muslim women in tonga.

"And there were many in need . . . malaria, typhoid fever, cholera, smallpox, rose and fell in waves of epidemics that left homes depleted and hearts emptied; tuberculosis riddled the countryside."



"Charity couched my actions, opened my doors, warmed my brick walls. With each patient who came I made an unwritten contract which to break was to destroy life itself."

"Each morning the dispensary was crowded. I watched the daily parade. Within my walls they could throw back their veils and talk freely to the Sister at the reception window." Sr. M. Bernadette admits a patient.

They came with their burning fevers, severe anemias, racking coughs, intestinal parasites. They came to have diseased organs cut away and damaged limbs repaired. Sr.-doctor performs modern surgery, Holy Family Hospital, Rawalpindi, W. Pakistan.

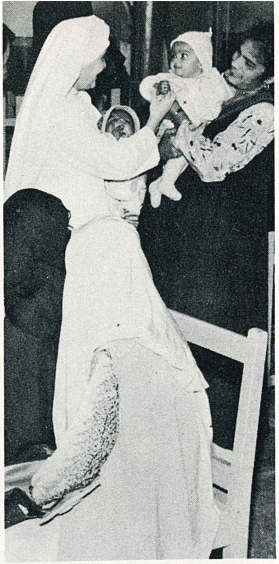
In the Newborn Nursery, each baby is given special, loving care by the Sister-Nurse.

Before long the first cries of "more room needed" were heard and eyes turned toward an empty, spacious plot of land on the outskirts of the City. From 1943 to 1946, a new Holy Family Hospital slowly came to birth *on paper*. A Sister was put in charge of the project, an Architect sought out in India, permits secured, funds solicited. Water and electricity, building materials, iron, cement, coal to burn bricks, laborers and artisans—all had to be thought out, searched for and settled.

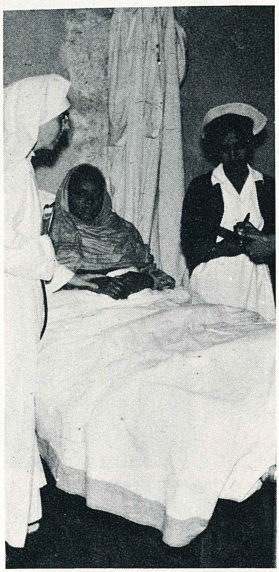
Finally, in March, 1946, ground was broken for the new 300 bed, modern brick and reinforced concrete, Holy Family Hospital. Mother Anna Dengel, Foundress of the Medical Mission Sisters and herself for some years a lay doctor in Rawalpindi, presided. When the Foundation Stone ceremony was held a month later, it was estimated that the building would take a year. History determined otherwise.

January, 1947 . . . political unrest filled the air over proposed Indian independence from Britain and territorial allotments to the Muslim communities. I was in the midst of the greatest mass migration of peoples in the history of modern nations. In the next few years 10 million refugees flooded into the new Muslim country being formed around me, while 5 million Hindus and Sikhs who had lived in my part of the continent moved into the newly independent India. It was Partition and the birth of the Pakistan nation.

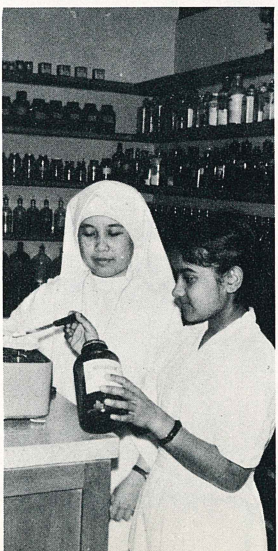
Refugees by the thousands, homeless, hungry and with waning hopes, were camped in sites in the vicinity. I could only serve a portion of their diseased and watch others in need seek elsewhere for aid. A young inexperienced government sought manfully for answers to their pressing problems, the lack of minimal medical facilities a



Post-Natal Clinic. The number of women coming to Holy Family Hospital for their deliveries has almost tripled in the last ten years.



"Word spread that this hospital, contrary to the common notion of the word, was not a place where one went to die but rather a haven of hope where one turned to find life."



"Training indigenous hands in nursing, midwifery, laboratory technology and compounding had been a facet of my work from the start."

major one. I was asked to train nurses who would serve with the new nation's military forces. (With Partition, Pakistan found herself with a mere 200 nurses to serve 80,000,000.)

Training indigenous hands in nursing, midwifery, laboratory technology and compounding had been a facet of my work from the start. I had hardly opened my doors on that first cold February morning when two young Indian girls presented themselves for nurses' training. Neither of them persevered. Still, they were the pioneers of a training program which, in the long run, is probably my most enduring contribution to an emerging nation.

Life in a Pakistan village even today may resemble patterns not unlike those followed at the time of Our Lord much more closely than it does patterns followed in a 5th Avenue, push-button setting. For these people to be receptive to germ theories, causes and cures for complex diseases, submit to X-ray and laboratory tests, demands real courage and faith.

Today, Pakistan has 16 years of growth and stabilization behind her. I have seen many changes, many improvements, brought about by a strong central government. I have watched a people, by religious bent and tradition reluctant to accept modern solutions to illness and disease, gradually open up, be convinced and finally, welcome the marvels of 20th century medicine.

In 1946, the year before Partition, old Holy Family Hospital had 1053 deliveries of which only 224 were Muslim babies. By 1959, the more than one thousand deliveries were 95% Muslim. Islamic customs within my walls are commonplace now—the *Mulvi* (religious leader) at the Newborn Nursery door bent over a tiny head whispering verses of the Koran into its ear (this is the first sound a Muslim baby is supposed to hear); relatives of patients climbing up on the wide window ledge to make their prostrations toward Mecca at the sound of the call to prayer which rings out five times a day (Muslims are not supposed to pray where people have walked, hence the choice of the window sill).

Until 1947, not a single Muslim girl had ever even applied for admission into my training school, the vast majority of them still kept in seclusion. Now, 50% of Holy Family's student nurses are Muslim girls. In the years gone by, epidemics of typhoid fever, cholera, smallpox were so much a part of the peoples' lives that habits of fatalistic thought — the will of Allah — were deeply ingrained. Today, with wonder drugs and antibiotics working medical marvels, thought processes are changing, however slowly according to our standards.

Yes, I think it is safe to say I have come "of age". I am at home with these people, "my people". I am in their midst as one who serves, a witness to the One who came among men in that role.

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THE WOMAN WHO LIVED NOWHERE

by Sister M. Julia

The 90 million people of Pakistan could almost be divided into two groups — village folk and city dwellers, but not quite, as this division leaves out the people who DWELL nowhere, but are continually on the move. Following their flocks of cows or goats or sheep looking for pasture, or leading camels laden with merchandise, or going from town to town living by their entertainment. These nomads of the twentieth century thus include the Gujers, Powindahs, Kashmiris, gypsies, and Pathans. My friend, Gul Bibi, was a Pathan.

She came one busy morning to the admitting office from the dispensary. The doctor recorded her trouble as follows: mass in the abdomen, two years bleeding, pale, anemic. Diagnosis: fibroid uterus, permit for hysterectomy. Gul Bibi's pale face was framed by dark, straight, tightly plaited hair; she wore the usual maroon full skirted dress of the Afgani women; her poverty was envinced by the lack of ornaments such as bracelets, which are a woman's security and always with her. She was poor, and a widow—alone in the world. Now she was in need of a major operation, to which she readily assented. Having no finances, she had no financial worries — the operation and treatment for her would be free.

Yet, there was another problem — she required at

least one blood transfusion to make her ready for surgery. "Gul Bibi," I said, "you have been sick for two years, you are weak."

"Ji, Ji, memsahib."

"You will need human blood to make you strong for this big operation." (I had learned to specify HUMAN blood, lest a goat be brought to the lab).

"Blood?" "I want medicine," she said.

"Gul Bibi, you must send a man of your tribe to the hospital to give blood for you." (I could just as well asked for the state jewels of Afganistan.)

"There is no man. I am alone."

That was categorical. Hers was a special case. It was unusual for anyone, much less a woman, to come alone for admission to the hospital. I asked our administrator what to do. On her order, I brought Gul Bibi to the lab to have her blood typed. If we had some extra blood available we could give it to her, although we usually require the patients' relatives to donate blood. The patient's hemoglobin was about 7 gm, so there was no alternative except transfusion. But neither was there any blood of her type going begging, either. So I told Gul Bibi to return next week in case we would get a windfall in the form of human red corpuscles, and I gave her some iron tablets which doctor had ordered.

Before the week was over, Gul Bibi showed up, full skirts and long braids as before. I thought to myself, how beautiful she is — these Pathans often have gray or green eyes, aquiline noses and fair skin. But Gul Bibi was kind of an outcast just now; in her present condition she was an economic liability, and I doubt if anyone noticed her comliness.

I got out the patient's old record, and telephoned the lab about the blood situation. Sister Kieran's obliging voice answered — "Why, yes, we DO have some extra blood, and she can have it." Only one bottle was available, so doctor agreed to accept the case, although she would have preferred that more blood be available, if necessary.

I began taking down the patient's history. Age, 45; husband, Khan Bhadur, deceased; address, this was the stickler. She was born, most probably, in that no man's land of hills between Pakistan and Afganistan. She would not know the place of her birth, nor would it be useful to know. She was with a group on the move, that was one reason she was so anxious to get treatment quickly, so she could keep up with the clan. But for any patient who will undergo major surgery, we always insist on an adequate address, and the name of a living relative who can assume responsibility in case anything goes wrong. So Gul told me the name of the road

Gul Bibi, a poor widow, wore the usual full-skirted dress of the Pathan women.

where the group was encamped, but the name of a responsible person, she could not.

"Gul Bibi, you must have some relative. No one is in the world without some kindred. I want the name of someone we can call in case we need them."

With great difficulty Gul Bibi admitted that she did have a sister. In fact, said the sister was even now hovering at the front gate with her young offspring. I sent for her — one could surely see they belonged to the same tribe. The sister was even more attractive because she had her health, and the little girl was like a half-tamed colt, friendly and completely unshy. She was fair as any Swede and, perched up on the counter, kept talking to me in her own language. If only I could understand her. SHE, for one, was enjoying Auntie's operation.

When all the formalities were over I took the patient up to surgical ward. As usual, the other women were friendly and a bit curious what her trouble was. They did not refer to her by her name, but only "Pathani." As Pathans are in the minority and they look different from the others, this was sufficient.

During her stay in the hospital, Gul Bibi had to shed her full red skirt and she wore the clean clothes which Sister provided. If one lives in the great outdoors, as this woman did, in terrain where water is scarce, I suppose a "protective layer of dust" is the only solution.

Before surgery, some of the Pathani tribesmen came to visit. One was well dressed and looked like the leader. I phoned the lab; they should talk to the people about replacing the blood. The Pathans were healthy and could easily have given it. The headman laughed at the request, and said truthfully —"I wouldn't give it for my own wife!"

The morning of the operation I went to see my friend. She was a fearless woman, no apprehensions. The Pathans are like that, but another factor was that when one has little to lose, why worry? If she died, it was *Allah ki murzi*, and if she recovered, how wonderful, after two years of weakness and discomfort. She did recover, thank God and in two weeks was ready to go "home." Camp was breaking up, and I hoped someone would let her ride a camel on trek, usually the women walk. Gul Bibi was simple and dignified, yet happy and grateful for what we had done for her. It is more blessed to give than to receive I thought. I was the last in line of the many "givers" when she said goodbye, so I was the one to receive her gratitude.

Gul Bibi is most likely still roaming the hills with the clansmen and their flocks.

BATTLE of the BOTTLE

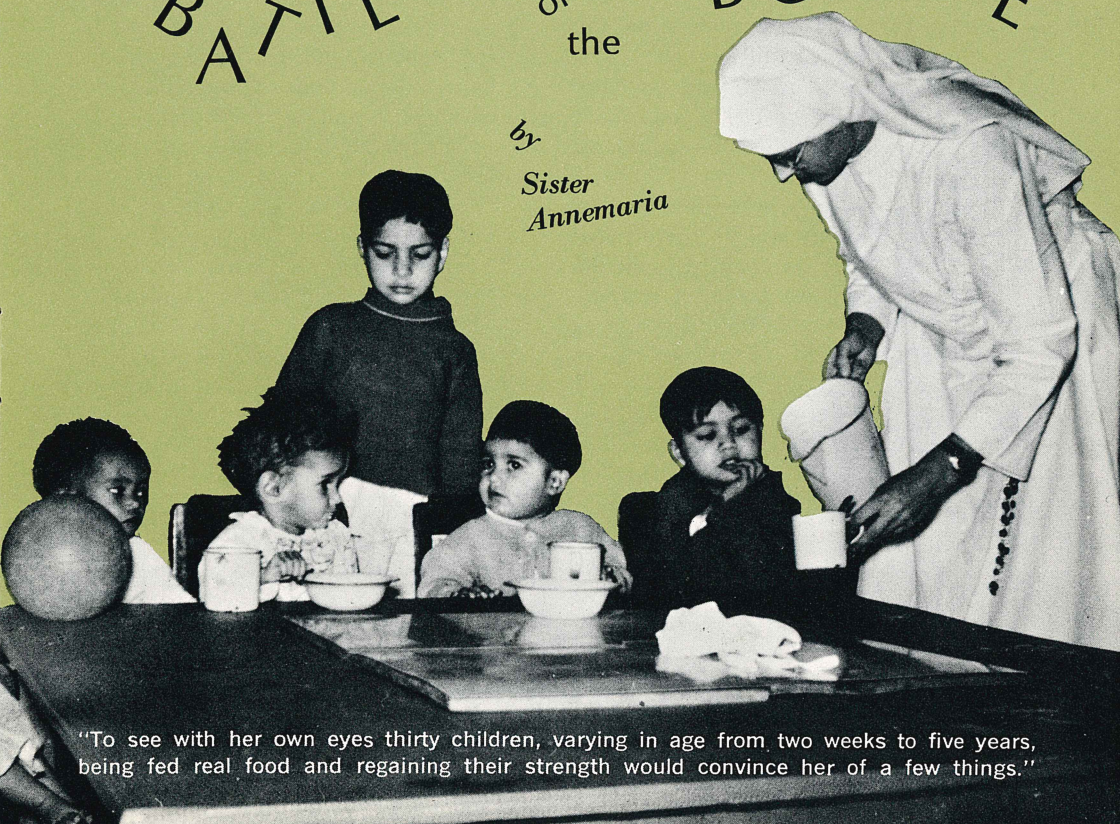
by *Sister Annemaria*

"One thing more," Nusrat's mother added before entrusting her badly burnt child completely into our hands, "she takes milk only and this from a bottle, so kindly arrange for that." Her "that" was unheard of in our Pediatrics Department, but a common thing for our Pakistani mothers: a bottle for a two-year old child.

When I told her we would try feeding her with a spoon first, she became worried. But when I mentioned the fact that most of the children of Nusrat's age were fed rice and drink milk from a cup, she stared at me in amazement and drew the conclusion. . . ."Then I'd better take her home now while she is still alive." I persuaded her to leave Nusrat here for at least one night and to come back the next day at dinner time. To see, with her own eyes, 30 children, varying in age from two weeks to five years, being fed real food and regaining their strength would convince her of a few things. Of this I was certain.

Nusrat, who had fallen into a bucket of boiling milk three hours before reaching us, looked a little less miserable now that she was cleaned. But the clean bed with white sheets, an injection in the nurse's hand, the bottle of fluids hanging ready over her daughter's bed, all of these frightened and puzzled her mother who was not at all sure she was doing the right thing in leaving Nusrat behind. However, she did leave her, reminding us that she would be back as soon as she could the next day.

The doors had hardly opened for visitors when Nusrat's mother appeared,



"To see with her own eyes thirty children, varying in age from two weeks to five years, being fed real food and regaining their strength would convince her of a few things."

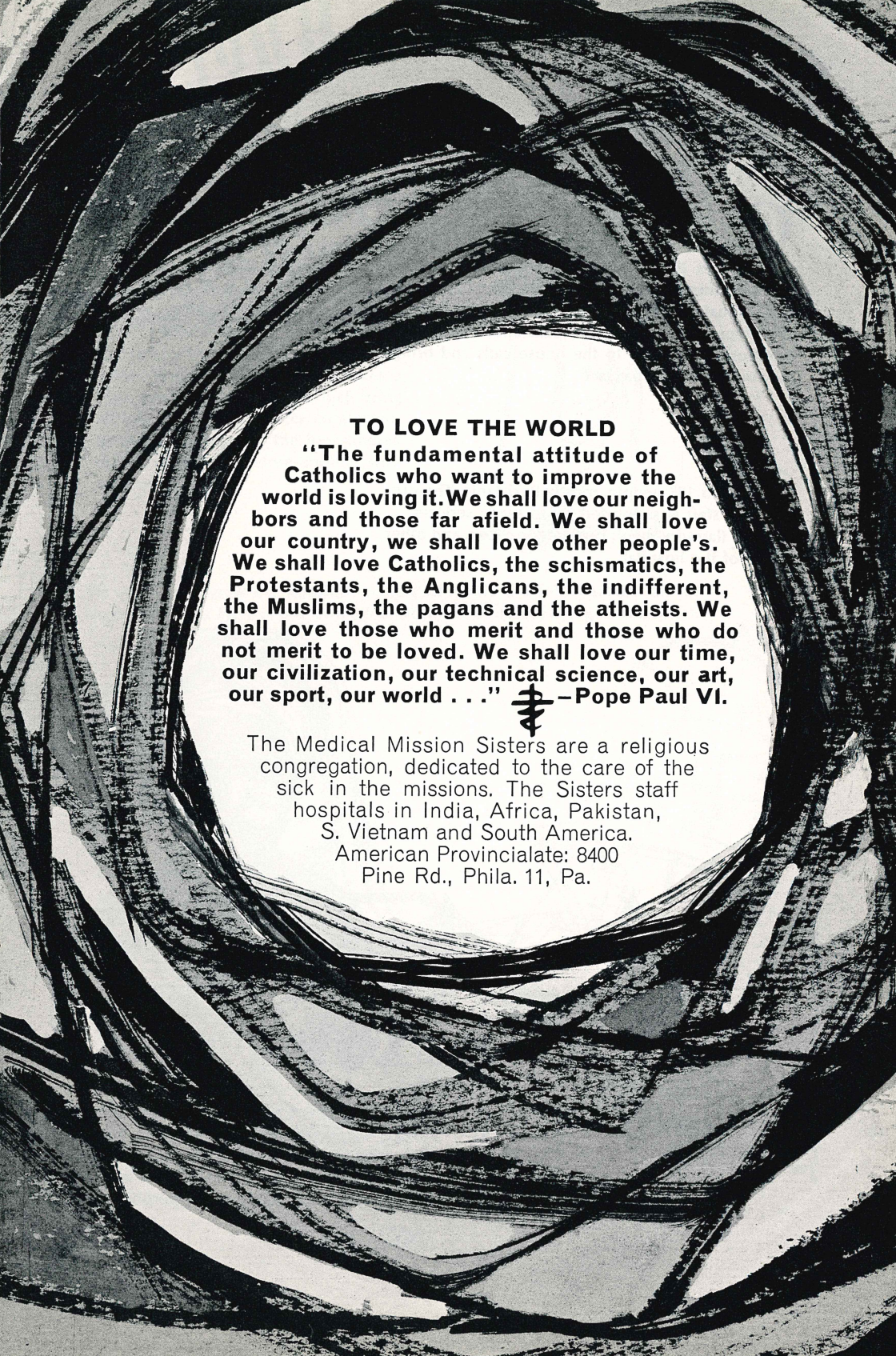
scanning the lineup of baby beds. Her sigh of relief was audible when she saw her child still alive and seemingly content. Now, the feeding problem faced us, a case of selling both the mother and the child. I took Nusrat's mother over to the big brightly topped square table with the baby arm chairs around it. But they weren't empty for long. Everyone who is not on strict bed rest and is able to sit comes to the table for meals. How surprised our friend was when she saw heaps of rice disappearing into the mouths of wee ones. But she nearly collapsed when the nurse fed mashed potatoes and minced meat to a four-month old baby. "And you keep them alive like that? But my Nusrat is different. Really, she drinks milk only, and *that* from a bottle!" I could tell she had never done anything else in her young life, but I was also sure that there would be a change before she left us. However, as she was too sick to force anything new on her now, for some time we had to put up with her old habits. For days Nusrat was on the critical list, malaria and dysentery adding to her discomfort and toxicity. On the whole, she was pretty good about her treatments as long as she could have her faithful bottle.

After a few days, when her temperature came down and she really belonged to this world again, I knew the feeding would have to begin and the fight for a change of diet. The nurses all loved little Nusrat and had always been anxious to feed her. But now? After the first trial with meat and vegetables . . . unsuccessful of course, the nurse came to me, with the untouched bowl in hand and said, "But, Sister, she doesn't like it." This was tantamount to saying, "Then don't give it." After I had convinced the nurse that Nusrat really ought to eat something else besides milk now, she tried again. The first few days the little one started to scream as soon as she saw the nurse with the food. Many a time the bowl was thrown over the floor and she actually was starving before we finally got something in her. And, like everything in life, each day it grew a little easier. Soon the day came that Nusrat herself told her ever amazed mother, that bottles were only for small babies. She had learned her lesson well.

As she grew better, she became a real *bonafide* member of our noisy family. Her burns healed quite well and before long she could sit up and join the others at the dining table. It was amusing to watch her the first time. She didn't know how to hold a spoon, but looking at her tiny neighbor, smaller in size than she was, managing to get more in her mouth than on her bib, she took courage and persevered until she had it down to a fine art. Besides, this was a minor struggle after the real life battle she had been through. On occasion, though, she would lay her spoon down and go to it with both hands. In no time she would have an empty plate and beg for more.

Nusrat's mother could hardly believe her eyes and kept saying over and over, "And I thought you were going to kill her."

The day the child was discharged, the whole village came to collect her. The aunties and grandmothers and cousins vied with each other to carry her, but her mother settled it once and for all: "Nusrat can walk herself and, mind you, feed herself. Milk in bottles is for babies only." I couldn't help smiling on hearing this. But it was a proud mother and a happy little girl who turned and waved good-bye as they left our Pediatrics. We had both won battles.



TO LOVE THE WORLD

"The fundamental attitude of Catholics who want to improve the world is loving it. We shall love our neighbors and those far afield. We shall love our country, we shall love other people's. We shall love Catholics, the schismatics, the Protestants, the Anglicans, the indifferent, the Muslims, the pagans and the atheists. We shall love those who merit and those who do not merit to be loved. We shall love our time, our civilization, our technical science, our art, our sport, our world . . ." —Pope Paul VI.

The Medical Mission Sisters are a religious congregation, dedicated to the care of the sick in the missions. The Sisters staff hospitals in India, Africa, Pakistan, S. Vietnam and South America.
American Provincialate: 8400 Pine Rd., Phila. 11, Pa.

Who makes Holy Family Hospital tick?

by Sister M. Sarah

Q.

How are the nearly 200 hospitalized patients (not counting the current inmates of the bassinettes and incubators) fed and kept warm in cold weather? Who repairs the leaks and breaks and cracks? Who transports the Sisters to the house calls and brings the food from the bazaar?

A.

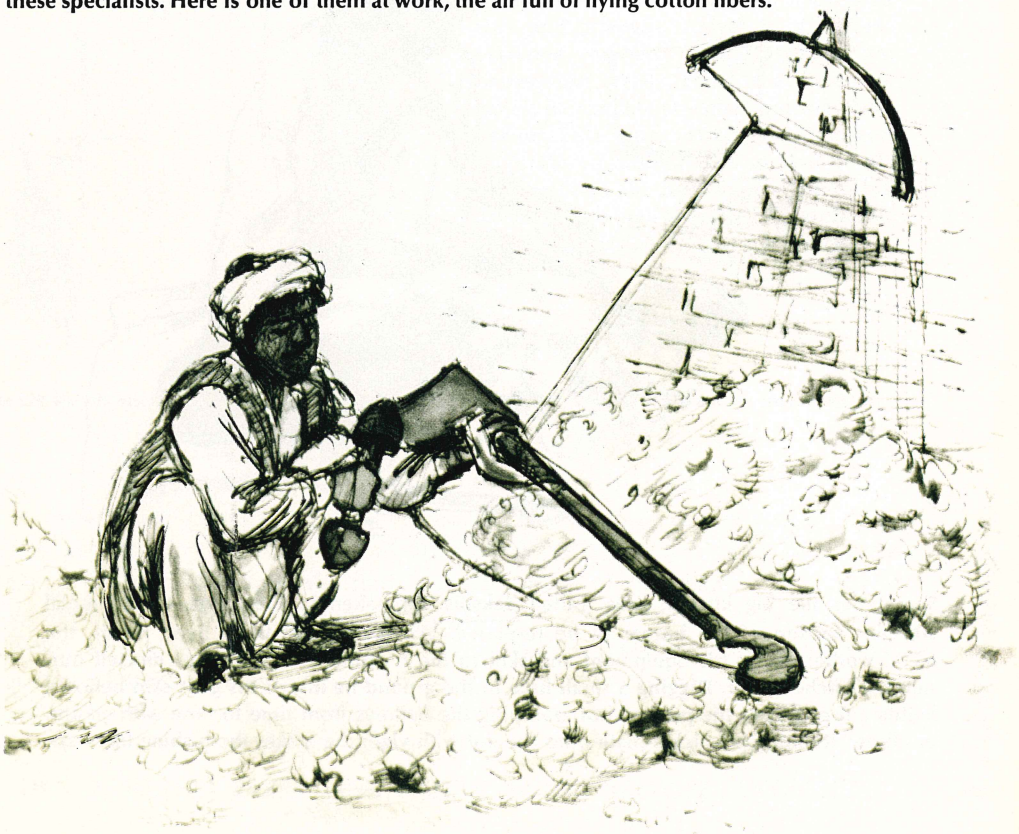
Close to 185 people, mostly Pakistanis. The professional staff is supported by so many services . . . dhobies (laundry-men), carpenters, cooks, and other pillars of the hospital.

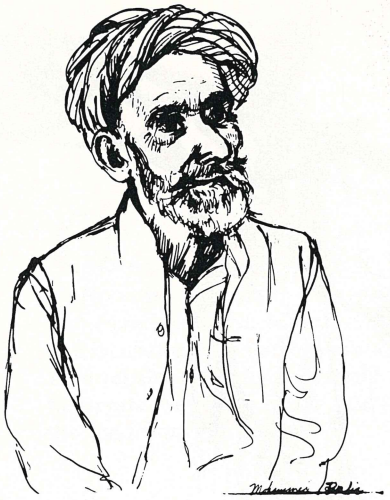
Nur Din, beloved patriarch, has driven the hospital tonga, our one-horse cart for years. His equipage has driven every newly arrived Sister from railroad station to the front door of HFH. It has been part-time ambulance, taxi, and all purpose truck.

ILLUSTRATIONS BY SISTER M. SARAH

In the vast basement of HFH are the painters, carpenters, store rooms, sewing rooms and, in the fall, just before the cold months, a room is given over to the rui-wallas, the cotton flockers. These gentlemen are a familiar sight on the streets in Pakistan. They announce themselves to all the housekeepers by twanging the string of their cotton-fluffing instrument. It makes a nice, loud musical sound, which bring all who need their winter comforters, or razais fluffed, and the long-fibered cotton un-matted before another winter starts.

To wash and renew the hospital's supply of razais is a full time fall job for these specialists. Here is one of them at work, the air full of flying cotton fibers.





A small crew of maintenance men are constantly at work in HFH. Repairing the terrazza, building a shelf here, fixing a break there. Dean of them all is Mohammed Rafiq, who worked on the construction of the building. Bright-eyed and energetic, he has worked there at his trade of mason ever since.

Sometimes the big kitchen pots, called dekshis, are taken in the tonga to the metal workers' section of the bazaar to be re-plated. When many of them need repair, the metal worker brings his equipment and skill to the hospital. He establishes himself outside the kitchen door. Digging a small hole in the ground he inserts his goat-skin bellows, builds a fire to heat the pot red-hot, pumping the bellows from time to time with an arm or elbow. Rubbing his nickle-plate onto the pot with vigor, he makes them shine like new.

Cooking oil, vanaspati, is consumed in vast quantities in the kitchens of HFH. Our cooking oil merchant in Rawalpindi was sketched here in his shop and office. He is comfortably ensconced on his office-platform, telephone and strong box at hand, and knee-high desk in front of him. When the Sister-dietitian and I visit him to order our supplies, we are seated on charis and served good sweet tea and cakes, most hospitably.

All these workmen, all the staff and the patients must pass Aniyat, the chaukidar (gate-keeper or watchman). Of impressive size and strength, Aniyat is a Pathan. Everyone respects Pathans, famous for bravery and loyalty. Equal to every emergency, he can find stretcher and stretcher-bearers in a hurry, direct the strangers, settle the squabbles, keep an eye on all that concerns the hospital. He leaves his post only when the night-watchman comes, and is the indispensable man.

MEDICAL MISSION AUXILIARY

91-16 211th Place, Queens Village

The Annual Medical Mission Attic Sale is now a permanent store, open every Wednesday year round from 10:00 to 5:00 p.m. For a later hour call HO 8-6150 or 6306. You will find a large variety of merchandise including glassware, knick knacks, clothing, lamps, toys, etc. Also a fine selection of gifts, jewelry, toys, greeting cards, etc. We depend on your (useable) discards to keep our shelves stocked. Please deliver, if possible, but if necessary we will pick up your most welcome items. If garage is locked, please leave outside. All proceeds from sales are used to aid the sick and the poor throughout the world.

DON'T FORGET EVERY WEDNESDAY BRING, BROWSE, AND BUY

Night scene IN RAWALPINDI

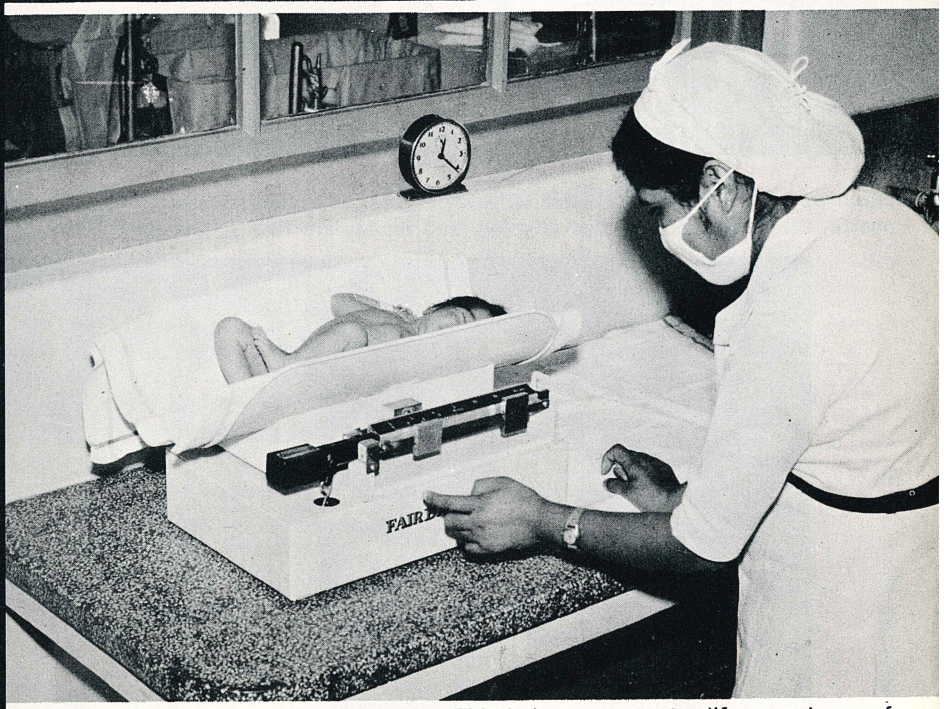
by Sister M. Roberta

When I came home on furlough five months ago, I travelled here and there on business. When I travel, I usually knit on my shawl, which inevitably leads to conversation with the nearest fellow-traveler. The conversation soon makes known that I am a Medical Mission Sister, a nurse, have been overseas in West Pakistan for the past ten years, and will soon be returning there. Also, that the mission is Holy Family Hospital in West Pakistan, and of course I pull out the picture of the hospital which I always carry in my pocket. The usual reaction to the picture used to astonish me. It is an amazed: "Is *this* the kind of a hospital you have? Why, I thought it would be a small building with a thatched roof. This looks like a modern American hospital!"

That reaction, so often encountered, inspired me to write this description of what goes on inside Holy Family Hospital, Rawalpindi. Together with me you can take an imaginary tour with the supervisor on a typical night at the hospital starting at 9 p.m. Picture the front lobby of any hospital you know, of a hot 116° August night. The night supervisor Sister is standing near the Information Desk, listening to the general duty staff nurse, Miriam, a Pakistani graduate from the hospital's school of nursing.

Miriam looks different from an American nurse only in a few details: She wears black sandals and no stockings but ankle length trousers, called a shalwar. Over the shalwar is a uniform. Although she is a graduate, registered nurse, she does not wear a school pin. The hospital's school of nursing cannot provide them, because if they were made in Pakistan, each would have to be hand-crafted, at a prohibitive price, or else imported, at an even more prohibitive cost. She has an attractive face. The Pakistanis are famous for their good teeth, regular features, and clear skin. She wears no "make-up", not because of any hospital rule, but because this is not the custom for well-bred girls in Pakistan.

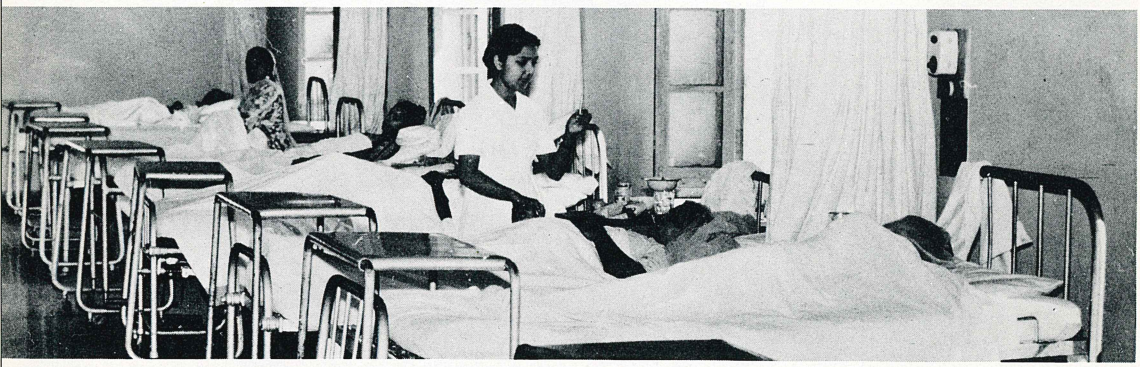
Training young Nationals in nursing, midwifery, laboratory technology, and compounding is an integral part of the Medical Mission Sisters' apostolate in the newly emerging nations. At Holy Family Hospital, Rawalpindi, Pakistan, student nurses watch Sr. Roberta closely during an anatomy demonstration.



Nurse weighs newborn baby in nursery. This baby can expect a life expectancy of at least 35 years in comparison with the 27-year one in 1927.

Nurses off duty playing Pakistani game in the Hospital lounge. Black band distinguishes graduate nurses from students.

Student nurse takes patient's pulse.



Graduation Day, April 25, 1963, Sister M. George giving diplomas to Salima Mall. Sr. Roberta, Directress of School of Nursing, and Sr. Miriam Paul to the right.

That black band on her cap is the mark which distinguishes a graduate from a student nurse at Holy Family Hospital, Rawalpindi. Listen to Miriam as she gives Sister a detailed, department-by-department, report of the hospital. "Sister, Abdul Khan, the typhoid patient in room 154, is better tonight. His temperature hasn't been over 103° all day, but he is still delirious and needs watching."

"Does he have a cradle bed and a relative with him?"

"Yes, Sister, but you had better keep an eye on the relative. He gets bored, and wanders off to talk to other patients."

"Do you think he can read English?" Sister asks, thinking of the magazines in the waiting room.

"Oh, no, Sister, I'm sure he can't even read Urdu. He is from a village and only understands Punjab!"

"Well, I'll get him a Sears Roebuck catagogue. That should keep him occupied for awhile."

"But you won't get it back. Sister, the last patient I saw with one took it home to show to her neighbors."

"What about Medical Ward, Miss Dass?"

"Quiet, Sister. No none is in serious condition there tonight, for a change."

"Good. And Surgical Ward?"

"Well, there are two patients who had major surgery today. Fatima Bibi from bed 16 in ward 237, had her gall bladder removed—she is all right, and Shamshad *finally* had her operation."

"Oh, I'm glad! I knew doctor would do it when I saw that last R.B.C. and hemoglobin report. Nine grams of hemoglobin is wonderful, when she came in with only four. How did she react to the surgery?"

"Fine. And she is so happy and grateful, now it is over."

"What about Pediatrics? Anything going on there?"

"They had ten admissions today, Sister, so the place is full again. There is a *forest* of I.V. poles in there; it looks like half the babies are getting subcutaneous infusions.

"Miss Siddiqi is giving a tepid sponge bath to one of the new admissions—Mohammed Iqbal. He is two years old, and an only son. He came in with a temperature of 106°, and doctor thinks he has cerebral malaria. We can get his temperature down to 102°, by sponging, but it goes right back up again. He's had an injection of quinine, but his mother wouldn't let them give the subcutaneous infusion that doctor ordered. She said she was going to take him home if they tried to put needles into her darling. Doctor said to try to get him to take fluids by mouth."

"Oh, dear! We'll have a problem there. Is anyone else critical in Peds?"

"No, the others are mostly gastro-enteritis cases, as the diarrhea season is in full swing now."

"Yes, and it will be until the frost comes and kills the flies. What about the Private Block Rooms?"

"There is one new patient, in room 195, for diagnostic studies. He is a United Nations employee, and speaks only Italian, so I didn't go in there."

"Oh, if he has an English-Italian dictionary you can manage, by pointing at the right word. Haven't you tried that with any of our foreign patients, yet?"

"No, Sister. But anyway, he is not serious."

"All right. That covers every service except the Delivery room. How about that?"

"Only one, a patient named Nur Jehan. She was asleep when I checked there a half hour ago."

"Does she have a relative with her?"

"No, Sister, she is alone. I think she is from India, and does not have any

of her family in Pakistan."

"Thanks very much for a good report, Miss Dass. I'll go to Pediatrics to see what I can do with Mohammed Iqbal. Good-night!"

10 p.m. Scene: Nurses' station in the Pediatrics Department. Sister-supervisor is talking to two student nurses and an aide:

"You have a big responsibility tonight, girls. These diarrhea cases *have* to have the fluids that doctor has ordered. Did you feel the sunken fontanels on those two, in cribs 10 and 11, Miss Anwar? If you observe those babies, you will know what real dehydration looks like in an infant. Now, Miriam, you see to it that the children are kept as cool as possible. Pull the cribs so they are under the fans. Spread wet sheets over the crib sides. But watch if it turns cool later, and get the fans off so the babies won't catch cold. Miss Anwar, I want you to be responsible for sponge bathing Mohammed Iqbal, and for getting him to drink. Take his temperature *often*. Do you know what happens if the temperature gets too high?"

"Yes, Sister. We learned that hyperpyrexia causes irrepairable brain damage."

11 p.m. The hospital corridor leading to the Sisters' quarters: The night supervisor is on her way to wake one of the Sister-doctors for a patient in emergency room. "That woman has had pain in the abdomen since noontime, wouldn't you think the family could have brought her to the hospital sooner?"

12 Midnight: Women's Medical Ward. Sister is at the desk, talking to the student nurse; daily census in hand: "But how *can* you have 32 patients? Yesterday's census was 30, you had four patients discharged and five admitted, that makes it 31. And there are only 31 charts here."

"Sister, I counted them *four* times, and then I got the nurse from Maternity to come over and count them for me. We both got 32."

"All right, then, let's see where the empty beds are supposed to be. In ward 323, according to the charts, the beds that are empty are numbers 2 and 16."

"But Sister, the only bed empty in there now is bed 2. Someone is asleep in 16!"—a gentle shake wakes the occupant. "Who are you, please?"

A sleepy but sheepish reply: "I'm Fatima Bibi's mother, from that room (the gesture indicates Women's Surgical). She was asleep; I just happened to find this bed not in use."

1 a.m. Scene: Outside the door of the major Operating Room. Sister ties on a coverall gown and mask, and slips inside. Sister-doctor, assisted by a lay doctor and a nurse, is suturing the abdomen. A staff nurse and an aide are setting up a second transfusion. Sister supervisor whispers to the anesthetist, "How are things?"

"Just so-so. They found about 1500 cc of blood inside the abdomen—she has been hemorrhaging internally. The bleeding has been stopped now, of course, but she is in shock from the loss."

2 a.m. Scene: Corridor in the Pediatrics Department. The senior student nurse is reporting to night supervisor: "Sister, all the babies are all right except Mohammed Iqbal. His temperature is down to 102°, but he hasn't slept all night, and he is so restless and miserable."

"How much fluid has he taken so far?"

"He hasn't taken hardly any; he starts to vomit if we try to make him drink."

"Well, then, we will have to give him the subcutaneous infusion the doctor ordered. You get it ready, and I will talk to his mother."

"Salaam-ji. Your boy is very sick, you know that, don't you?"

"Yes, memsahib. I haven't slept for two days, watching him. Now, he won't even drink. Is he going to die, memsahib?"

"Now Bibi-ji, doctor did not say that little Iqbal is a hopeless case. But doctor did give orders we should give him a big injection of water under the skin; we will have to do that now."

"Oh, please he is my only son, and I don't want him to be hurt."

"I tell you what you do; you come over here with me and look in the window at these other babies who are getting injections. See how peacefully they are sleeping? It only hurts for the first second, after that it doesn't. And it makes the sickness much better. Now you stand here and watch them, while we get Iqbal's infusion started. All right? Then you can come back in and sit beside him."

3 a.m. Scene: Nurses' station for Male Medical Ward.

"How is Abdul Khan, our typhoid patient in room 154, Miss Wahab?"

"He seems to be much better, Sister."

"Good. Maybe we won't need to have his relative stay with him after tonight."

"The one that is here now certainly is enjoying himself. When I gave Abdul his 10 o'clock medicines, the relative was lying on his cot, laughing at the pictures in the catalogue, advertising ladies' hats, and he thought they were very funny."

"So do I! Are all the rest of your patients satisfactory?"

"Yes, Sister. But I was wondering about that new patient up on Surgical, that had the emergency operation. How is she now, still serious?"

"Well, she has a blood transfusion in one arm, and glucose with Levophed in the other but her condition is definitely improved."

4 a.m. Scene: Front lobby. Sister is hurrying to answer the doorbell. Opening the door, she finds a man with his wife: "Salaam, welcome back, Salima! Are you in labor now?"

5 a.m. Scene: Women's Surgical Ward. Nurses are taking temperatures. Patient in traction calls to Sister: "Sister-ji, you didn't come to see me last night. Don't you like me anymore?"

"Now, Nur Jehan, how can you say such a thing? I saw *you* about five times last night, when I made my rounds to make sure that everyone was all right, and sleeping. Shall I pinch you and wake you up, next time?"

There was a little ripple of appreciative laughter from the ward.

6 a.m. Scene: The hospital chapel. It is time for Mass, but the chaplain has not quite finished vesting. Sister is in the corridor outside the Administrator's office. The husband of the patient who had emergency surgery is talking. "Sister, I don't know how to thank you. My wife is awake now. She told me to go home to the children. I want to tell you how grateful I am to Holy Family Hospital. We had been to two doctors before we brought her here; and both of them said she had to have an operation to save her life, and to come here for it. We had to drive almost 50 miles. I'm sorry it was so late when we arrived."

"Well, I'm glad it wasn't *too* late for your wife."

"I can never thank you enough for saving her."

"Mr. Abdullah, God is the one you must thank. Now you go on home and get some rest. Salaam!"

Friends from a forbidden land

Every morning the dispensary nurse brings the patients for admission to our office. She often gives a little remark as she lays down the doctor's orders on our counter. This time she said it with a twinkle in her eye, "Pathan, Sister-ji."

She needn't have explained — one could tell them a mile away: their physiognomy, physique and clothing proclaimed them different from our usual Punjabis. The four people standing in front of me were the tribal Pathans, people who live on both sides of the Durand Line (Afghan-Pakistan border). If one looked more closely one could see they were really the Pakhtuns, or hinterland Pathans. The two men wore the characteristic loose black turbans, short vest, and long, long shirt or *kamiz*. The woman wore a long full skirt, tent-like in appearance and function; these are rugged people who travel much and often sleep in the open. The ten-year-old boy was an ordinary looking child; we were yet to discover the fire in him.

This foursome had come from Afghanistan with a caravan bringing herds to the lowland for winter grazing. Some of the animals are sold and some of the men work as laborers until the passes are open and they can return to the mountains. I have seen small groups of these people along the Khyber Pass, plodding along the old camel trail which is parallel to the highway—a woman with jingly silver anklets walking after a patient donkey, and a man following the woman with his rifle nonchalantly over his shoulder. Every man is his own police force and rifles are as common as umbrellas in London.

When these humble-looking people wish to pass, the guard at the border will clank down the chain barring the road. For tourists or state visitors there

The famous Khyber Pass.

are permits and visas to show. Indeed, Afghanistan, which was once a crossroads of three continents, is now a forbidden land to the average traveler, but to these Pathans who have small trade or graze their animals on both sides of the frontier, the chain and the guards are just a part of the rocky landscape.

"Sons of the middle border" I thought as I looked at these Afghanis standing before me. They were certainly not in their element in the city, much less in a large modern building, but neither were they afraid in these unusual surroundings. I looked over the note on which the doctor described their ailments and we began the admission. The leader of the group, Rustum Gul, unfurled his son's battered X-ray, which showed, even to the layman, a bladder stone as big as a fist. The other patient was the woman, his niece, Sakina, who had a tuberculous gland in her neck which required surgery. I mentioned that there were four people standing before me. It was the fifth one, too small to stand, who caused the complications.

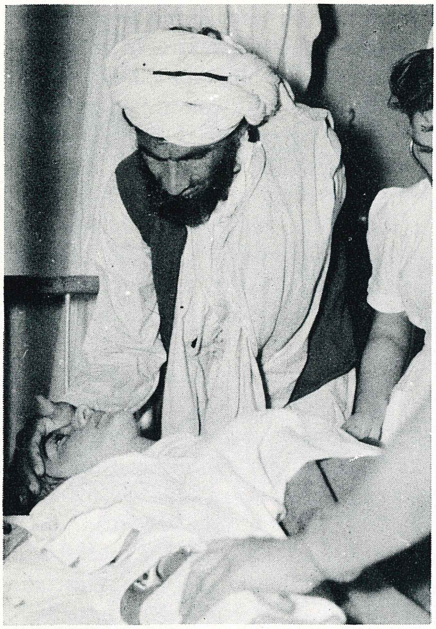
I admitted both patients but then the inevitable problem, what to do with Mr.-one-year-old, Sakina's child, now in his father's arms. When I said we could NOT keep the baby, then the second Pathan (his father) became voluble, even eloquent. I explained that a hospital is for sick people, if his son were put with sick children he would get some disease. To this he replied, "Put the child with his mother, of course."

No, this could not be. So I let them talk it over among themselves and the father said he would take the baby to the next town where his people were staying, and would return the day of the operation.

When all was said and written down I took the little party upstairs to the wards. As we were going to pediatrics, Rustum Gul was speaking in harsh tones to the ten-year-old, Ahmed, who looked like he was being committed to reform school. Of course I didn't understand their language, and it may have been some consoling advice. Well, it proved a struggle to get Ahmed in a hospital gown and prevent him from following his papa out the front door. Later in the day I went to observe his adjustment (I knew there would be some laughs)! Ahmed was quiet enough, but he was not in bed — rather he was perched on the window sill. I went over to him and he said something I did not understand, so I followed his yearning eyes. Whom did I see sitting on the ground near the building but Rustum Gul, his father! The man must have had a great sense of direction to figure out this view from his son's room, and also great patience to sit there all day for his son to watch him. I smiled an intuitive language and left the little prisoner of Chillon.

The next morning the operating room telephoned the front desk, "Come and see your little wild friend," Sister said.

He was wild indeed. The boy, Ahmed, was in a room adjoining the major surgery. He was thrashing the nurses who were trying to coax him into the great beyond. Besides fighting them he was fighting the tranquilizing effect of his pre-operative sedation. The poor child, when he saw me, leaped onto my lap for protection. I was a bit more familiar than the nurses, with their masks and their scrub caps. He was screaming and we were trying to reassure him but he did not understand a word of Urdu. Then Rustum Gul, who (unseen) had come walking up the stairs, heard the familiar voice and burst in the door. The boy jumped to his father and clung to the paternal neck



Ahmed is comforted by his father, Rustum Gul.

Sakina and her child, ready to go home.

like a barnacle. Rustum spoke to Ahmed with a blend of coaxing authority in his voice. Then Rustum told us in Urdu that his son did not fear the operation but he wanted his father to go with him into the operating room. Could this be?

No, it could not be, we said gently. So the child was made content with a substitute—he went to the sterile O.R. clinging to a dusty blue shawl—his father's *chaddar*, a piece of cloth the men wear thrown over the shoulder. This symbol of his father's presence was enough, and the fighting Afghan went peacefully under the anesthesia.

Sakina, the woman, faced the new experience of hospitalization more rationally, but it must have been a great adjustment for her to 1) sleep in a high bed, 2) in a room with fifteen other women, and 3) to hear a foreign language all day. She accepted it all with intelligent trust and this attitude enhanced her great natural beauty. The day of her operation, *her* husband turned up with the little one-year-old in his arms. The man had to wait some time before he could see his wife, and the child grew restless and fretful. The young father was not adept at handling babies, especially crying babies.

"When did the child eat?" I asked him.

"Yesterday," he replied.

It so happened that dinner was just then being served. I went to the food cart and asked the bearer for a small plate of curry and chapattis. I still have to smile at the thought of the big burly man with the small child on his lap, feeding him as a mother would.

In time, both patients recovered and were discharged—*inshalla* (God willing), they are in their village across the frontier, well and happy. They are among the many people I have seen and served in a small way at Holy Family, but they have a special place in my heart and memory. Can you see why?

Across the Medical Mission World

INDIA

Trained Nurses Association Meeting

This week started out with the fifth annual meeting of the state branch of the TNAI and SNAI (Trained Nurses and Student Nurses Associations). While very few had answered our "open house" invitation, in the end we had 150 guests from other hospitals and nursing schools in the state! We had cancelled all extras, in favor of tours for the guests, and some of the dispensary, so we could listen in too. The Education Minister gave the inaugural address, in Hindi, since he feels that all these meetings should be in Hindi now. But the rest was unavoidably in English, since most of the nurses, being South Indian, are not Hindi speaking. English is still official anyway until 1975. Several of the schools gave brief programs —on body mechanics, tetanus, first aid, etc. Our students had a debate on the treatment of burns, and got a good audience response with a heated discussion on the pros and cons of the open treatment during the dust storms and fly menaces of Patna! The topics were all pertinent, both for everyday nursing, and for the present state of emergency. The guest speaker was the Thoracic surgeon, from the local medical college, Dr. A. Prasad, who spoke on cardiac surgery, which he is now beginning to do against considerable odds and in an atmosphere which does not yet meet the standards of the '50's in the states. It will come no doubt — with patience. Great strides have surely been made these last 10 years here.

This meeting most fittingly took place on the feast of St. Pantaleon, patron of TB patients and doctors, a martyr-physician who gave his life for the Faith. TB is still one of India's most urgent problems. And so is cholera. Our first two cases of the year came a few days ago—one lived, one died. Today, Sister Carmela and four of the Sister-students went out to give cholera vaccinations at a station about 10 miles from here, after Sunday Mass. They vaccinated 110 people—the school children had already been taken care of.

Sister M. Frederic, M.D., Kurji
Holy Family Hospital, Patna, India

JORDAN

To Bethlehem

Christmas in the Holy Land is quite different from the Christmas in South

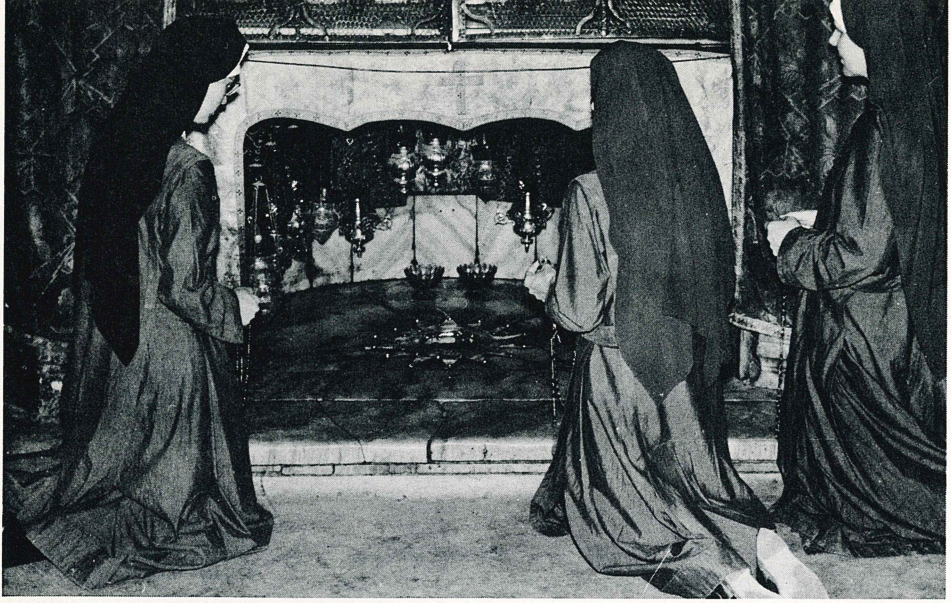
America where the whole country is celebrating the feast with you. Here it is only a small minority that is celebrating Christ's birth on December 25th . . . only the Latin Catholics. The Orthodox have their Christmas on January 7th (all their feasts are two weeks after ours). The Armenians celebrate Christmas on January 18th and the Coptics have another day. Of course, December 25th is the same as any other work day for the Moslems who make up 90% of the population here.

Last year we had a beautiful High Mass in our chapel at midnight and almost raised the rafters with strains of "Christ the Lord is born today". . . . In the morning after Mass and breakfast we started off early for Bethlehem, leaving only a skeleton crew behind to keep the home fires burning . . . and to take care of the patients of course. It is about one and a half hours by car to Jerusalem, and Bethlehem is about one-half hour further on. I think I will never become accustomed to the thrill or joy of the first glimpse you get of the Holy City. When you are still miles away you can see it in the distance with its golden dome towering over the wall. One can well imagine it was an even more welcome sight in the time of Our Lord to those traveling by foot from Jericho to Jerusalem.

Arriving at Bethlehem we went directly to the Basilica of the Nativity. The Basilica is built over the actual cave or stable so you go down a narrow stairs to reach it. There were so many people that we had to inch our way down, only to find it more crowded below. The actual area in the cave is about the size of two small rooms. There is an altar over the marble encased star in the floor which marks the spot where Our Lord was born. A little to one side, and down three more steps is the manger, and here there is another altar. On this second altar of the manger, there were continuous masses being said at half-hour intervals.

The crypt is a real cave though the stone walls are completely covered now with heavy fire-proof tapestries. This is to cover the blackness of the rock, caused by a fire in the cave at one time. We stayed for a few masses and in our privileged position prayed for all those who would like to be here at the Lord's birth-place on His birthday. If there were a few minutes in between the half-hourly masses, the people were allowed to go down to venerate the manger, where the life-sized figure of the Infant (kept up in the Church throughout the rest of the year) had been placed after the midnight Mass. We visited the adjoining passages and caves that had once been the heritage of St. Jerome and then left to go over to the Shepherds' Fields.

It is only about 15 minutes by car but I'm sure it took much longer for the Shepherds on that first Christmas night, going on foot. A lovely new chapel is built in the vicinity where the angels are believed to have appeared to the shepherds. There are huge caves in the hillsides where the flocks of animals are sheltered at night. As we were there visiting the caves, we could hear a shepherd boy down in the valley playing his flute as he watched his little flock of goats and sheep. It is easy to imagine the cave of Bethlehem looking much like one of these caves before the Church was built over it. After our lunch out in the field, and feeling very much in spirit like the shepherds we went back over to Bethlehem. (I say in spirit because we went back by car.) We were too early to join the pilgrim procession that walks over every year from the Shepherds' Fields to the stable of Bethlehem. When we got back to the Basilica we found it even more crowded than it had



Arriving at Bethlehem we went to the Basilica of the Nativity. An altar over the marble encased star in the floor marks the spot where Our Lord was born.

been in the morning. The masses were still going on at every half-hour. How I wish that everyone could be here on this day, it is something that one can never forget.

Sister M. Blaise
Amman, Jordan

INDIA

Sister M. F. Monica Mendes and Sister M. F. Ann D'Souza made first profession of vows on August 15th in Poona, India. Their lives as Medical Mission Sisters will be spent in the service of their own people.

+ R.I.P.

Please pray for our deceased benefactors:

Most Rev. Edwin Byrne, Archbishop, Sante Fe, N.M. + Most Rev. Albert Soegijapramata, S.J., Archbishop, Semarang, Indonesia + Most Rev. Gerald P. O'Hara, D.D. Apos. Del., Great Britain + Msgr. Donald McGowan, Washington, D.C. + Very Rev. Joseph O'Hara, Chester, Pa. + Very Rev. Joseph McSorley, C.S.P., N.Y., N.Y. + Rev. William T. Kelly, Philadelphia, Pa. + Rev. Thomas J. Lane, C.S.C., Notre Dame, Ind. + Rev. Edward V. Mooney, C.S.C., Notre Dame, Ind. + Rev. Joseph A. Skelly, C.M., Philadelphia, Pa. + Rev. Peter J. Sontag, S.J., Poona, India + Rev. Gerald Vann, O.P., New Castle, England + Rev. Karl Wohlfart, M.H., Winsted, Minn. + Bro. Godfrey Danis, C.S.C., Chomedey, Quebec, Canada + Bro. Theophane Schmitt, C.S.C., Harbel, Liberia, W. Africa + Bro. Alexis Wilks, C.S.C., Notre Dame, Ind. + Very Rev. Mother M. Rita Rowley, R.S.H.M., N.Y., N.Y. + Miss Matilda T. Armstrong, Fort Thomas, Ky. + Miss Mathilda Belfield, Philadelphia, Pa. + Mrs. Elizabeth Courtney, Pittsfield, Mass. + Miss Mary Farrelly, Sante Fe, N.M. + Mr. M. H. Garfinkel, Queens Village, N.Y. + Mr. George W. Hanley, Rockville Center, N.Y. + Mrs. Mary Johnson, Brooklyn, N.Y. + Miss Mary F. Lyons, Philadelphia, Pa. + Mr. Thomas Mack, N.Y., N.Y. + Mr. Thomas Manning, Norton, Mass. + Mrs. Molly McAlynn, Queens Village, N.Y. + Mr. James McHale, Pawtucket, R.I. + Mr. James M. McInerney, Washington, D.C. + Mrs. Joseph F. Muir, Hyattsville, Md. + Mrs. Mae Shea, Garden City Park, L.I., N.Y. + Mr. John A. Verhunce, Fla. + Mr. John Zweber, Hastings, Minn. (Father of Sr. M. John, S.C.M.M.)

BOOKS

Sister M. Julia

A LIGHT TO THE GENTILES: The story of the Venerable Francis Libermann. Adrian van Kaam, C.S.SP. Bruce. Milwaukee. 297 pp. $5.25.

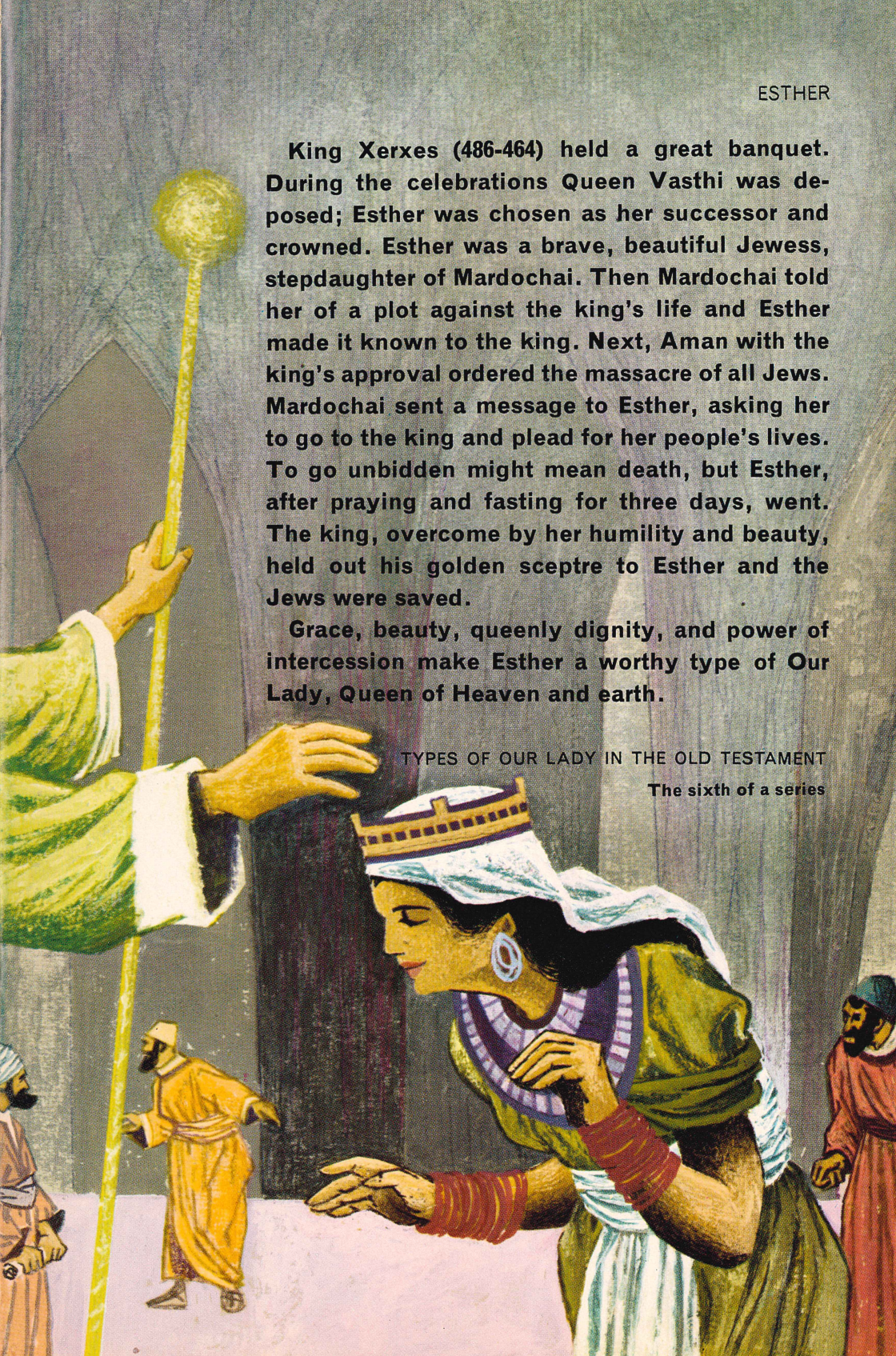
Pope Gregory XVI studied the frail but intense cleric who knelt before him, outlining a plan to found a missionary community. Francis Libermann, son of a Jewish Rabbi, was at that time 38 years old. When the audience was finished, the Pope asked for details of his life, and then remarked, "This man will be a saint."

The story of this sanctity is fascinating; it receives competent treatment in this superb biography. *A Light to the Gentiles* not only gives the unfolding of a complex, nay, unique personality, it recreates the political and religious milieu of his work, and thus shows the genius of a man who was far ahead of his times in his vision of the missionary Church.

The story begins in the quiet Alsatian village with the old father, Rabbi Lazarus. In this Patriarchial figure one can sense the impending tragedy—his one ambition was to pass on to his sons his own vast knowledge of ancient Jewish tradition. Three of these sons left home for further study, and became Catholics. Then it was Jacob's turn. Not only did he become a Catholic, but he was studying for the priesthood! This blow was too much for the old man, and he died broken-hearted. His father's grief was almost too much for Jacob, now Francis, and he was overwhelmed with severe depression. Then he suffered epileptic seizures, which for ten years frustrated his desire for the priesthood.

Francis was thus a man intimate with suffering. It was a crucible that made him exquisitely sympathetic and gentle. His pain and loneliness were sanctifying things, and became the source of serenity and joy. This sickly seminarian was a spiritual giant, and a "sign of contradiction" in many ways. He was a greatly admired leader of men, became the Superior General of a vast community, yet all his life he was dogged by internal and external opposition and misunderstanding. He was a missionary in desire but he never left Europe. He had an instinct for the subtleties of spiritual direction but was also a practical administrator — and cook! From this rich life a clear pattern emerges, the mark of charity, which was his dying message to his spiritual sons, "Above all, charity" he told them.

This is a rewarding book; interest never lags, even through the complexities of founding one religious order and its merger with another. Francis Libermann rose above dissention and misunderstanding, and above physical handicaps. Today his spirit lives on in the thousands of members of the Holy Ghost Congregation; in his own measure he has changed the face of the earth. He was a French Jew of the nineteenth century, but speaks to us in modern idiom, and we see in him that authentic Christianity which reaches back to "our fathers, to Abraham and his seed forever".

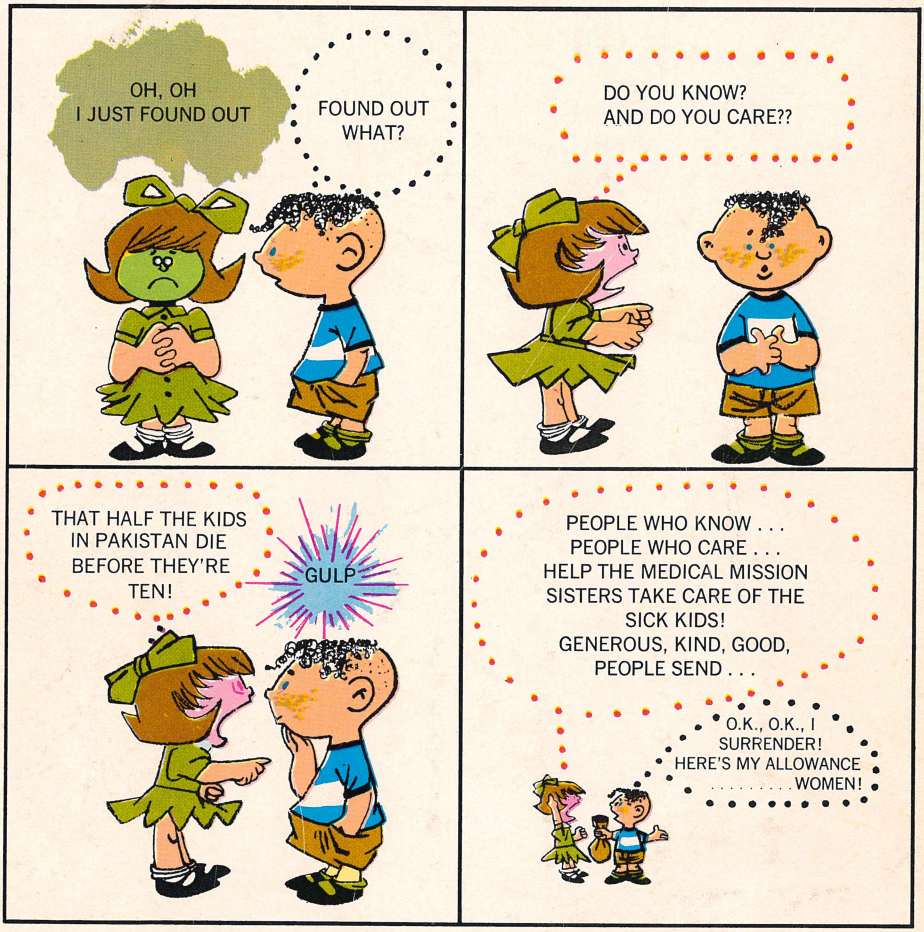


King Xerxes (486-464) held a great banquet. During the celebrations Queen Vasthi was deposed; Esther was chosen as her successor and crowned. Esther was a brave, beautiful Jewess, stepdaughter of Mardochai. Then Mardochai told her of a plot against the king's life and Esther made it known to the king. Next, Aman with the king's approval ordered the massacre of all Jews. Mardochai sent a message to Esther, asking her to go to the king and plead for her people's lives. To go unbidden might mean death, but Esther, after praying and fasting for three days, went. The king, overcome by her humility and beauty, held out his golden sceptre to Esther and the Jews were saved.

Grace, beauty, queenly dignity, and power of intercession make Esther a worthy type of Our Lady, Queen of Heaven and earth.

TYPES OF OUR LADY IN THE OLD TESTAMENT

The sixth of a series



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